

## MUSIC Apartment Supplemental Application

Applicant's Name \_\_\_\_\_

Agent Name \_\_\_\_\_

DBA \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Effective Date:

Web Address \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Years of Experience \_\_\_\_\_ years

Applicant is:

Individual  Joint Venture

Years doing business under current name \_\_\_\_\_ years

Corporation

LLC

Partnership

Other

### Limits of Liability Requested

Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

### Property Limits Requested

	Value	Coinsurance	Valuation	Deductible
Building				
Contents				
Business Income				
Other				

### Property Locations

	Address	City	State	Zip Code
Location 1				
Location 2				
Location 3				

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Location 4					
Description		Location 1	Location 2	Location 3	Location 4
Year Built					
Type of Construction					
Number of Stories					
Number of Total Units					
Number of Buildings					
Number of Elevators in Buildings					
Total Square Footage					
Copper or Aluminum Wiring?					
Fire Walls Separating Buildings?					
Type of Roof?					
Year Roof was Updated					
Year Wiring was Updated					
Year Plumbing was Updated					
Year HVAC was Updated					
Protection Class					
Are Buildings Sprinklered?					
Years Owned By Insured					
Type of Occupancy					
Manager on Premises?					
Monthly Rent	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
	4 Bedroom				
Percentage of units Subsidized					
Percentage of units rented to students					
Percentage of units rented to Elderly					
Medical assistance offered?					
Emergency pull cords present?					
Emergency Lighting?					
Proper Exits and Lighting?					

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### Pool Information

Number of pools \_\_\_\_\_ Is the pool(s) fenced?  Yes  No

Self locking gates?  Yes  No Is there a diving board?  Yes  No

Posted Rules  Yes  No How high is the board? \_\_\_\_\_ meters

Lifeguard on premises?  Yes  No Is there a slide?  Yes  No

Life Saving Equipment in place?  Yes  No How tall is the slide? \_\_\_\_\_ Feet

### Recreational Activities (please list the number of each)

Playgrounds _____	Beaches _____
Basketball Courts _____	Spas/Gyms _____
Acres of Lakes/Ponds _____	Racquetball Courts _____
Square Feet of Clubhouse _____	Baseball Fields _____
Tennis Courts _____	Miles of Bike Trails _____
Volleyball Courts _____	Boat Slips _____

### Security Information

Is security provided?  Yes  No Is the property Gated?  Yes  No

Armed or Unarmed? \_\_\_\_\_ How is entry gained? \_\_\_\_\_

Independent Contractor?  Yes  No Who is given access to property? \_\_\_\_\_

Are contractors insured?  Yes  No Are there alarms in every unit?  Yes  No

Who monitors alarms? \_\_\_\_\_

### Fire Protection

Are the buildings sprinklered?  Yes  No

Are there smoke detectors in each unit?  Yes  No

Are the smoke detectors checked regularly?  Yes  No

Are fire extinguishers in all units?  Yes  No

Are fire extinguishers in all common areas?  Yes  No

### Account Revenue Projections and History

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl Cost of Materials)
Next 12 Months			
Prior Year			
Prior Year			

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Prior Year			
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### Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

### Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_